Patient Assessment Survey (PAS) RY2010

Consumer Reporting Methods for Office of Patient Advocate

I. Composite Scoring

Composite scores are calculated for five topics for each medical group:

- Timely Care and Service
- Coordinating Patient Care
- Helpful Office Staff
- Communicating with Patients
- Health Promotion

1. scoring is done on a per respondent basis
2. a respondent is eligible if the respondent answered at least 50% of the items in the composite
3. missing value: if an item is not answered a half-scale missing value rule is applied (Appendix A)
4. item response values are assigned per the response choice table below
5. a mean score is calculated for each respondent for each composite
6. a medical group composite mean is scored by calculating the mean of the respondent means
7. each item in each composite is equally weighted
8. the medical group composite score is adjusted per the case mix adjustment steps described below
9. a composite is not scored if a group has fewer than 100 respondents for that composite

Table 1: Question Composition of Composite/Summary Topics

Composite	Composite Questions
Communicating with Patients	Q9, Q10, Q11, Q12, Q13, Q14
Timely Care and Service	Q4, Q5, Q6, Q7, Q8
Helpful Office Staff	Q34, Q35
Coordinating Patient Care	Q19, Q20
Health Promotion	Q17, Q18

Table 2. Response Choice Values

Item Response Set	Response Choice Value Mean Scoring
Never-always	Always = 100 Almost always = 80 Usually = 60 Sometimes = 40 Almost never = 20 Never = 0
Definitely (4 part response)	Definitely yes = 100 Somewhat yes = 66.6 Somewhat = 33.3 Definitely no = 0
Definitely (3 part response)	Yes, definitely = 100 Yes, somewhat = 50 No, definitely not = 0
0-10 global	Item scored as a continuous variable: 0=0; 1 =10; 2=20; 3=30; 4=40; 5=50; 6= 60; 7=70; 8=80; 9=90; 10=100
Yes/no (Q15, Q16)	Yes = 100 No = 0

II. Case Mix Adjustment

The "raw" scores are adjusted to account for differences across groups in their patient populations and the types of providers being rated. The case mix model includes: age, gender, education, co-morbidities, mental health status, general health status (SF-1), obesity indicator (derived from patient BMI), patient's race/ethnicity and primary language spoken at home, physician specialty, mode of survey (i.e., mail, phone, web), and language the survey was completed in.

III. Exclusion of Non-Composite/Other Questions

The following four items, which are not included in any of the 5 composites listed above, are not used in the consumer reporting:

Q. 32 What number would you use to rate this doctor?

Q. 33 Would you recommend this doctor to your family and friends?

Q. 38 What number would you use to rate all of your health care from all your doctors and other providers?

Q. 37 When you tried to make an appointment to see a specialist how often did you get an appointment when you needed it?

IV. Stand-alone Measure Reporting

The two-item "Health Promotion" composite is reported as a stand-alone measure. It is not included in the Summary Indicator score. The two-items that comprise the composite are:

Q. 17 Did you and this doctor talk about a healthy diet and healthy eating habits?

Q. 18 Did you and this doctor talk about the exercise or physical activity you get?

The Health Promotion questions and composite are constructed by combining results across two years as the single year patient sample size is too small to yield reliable results. The two years of data are combined using a 55/45 weighting scheme -- 55% percent current year and 45% previous year.

IV. Summary Indicator Scoring

The summary indicator is scored by calculating the mean of the means for all of a medical group's respondents' scores for four composites: Patient-Doctor Interaction, Coordination of Care, Patient Access, and Helpful Office Staff composites

1. a mean score is calculated for each respondent's answers to all items across the 4 composites
2. a person-level mean is calculated for each respondent to account for missing values (as such, this is not an averaging of the 4 composite scores at the group-level). This person-level scoring takes advantage of the correlation in survey responses given for an individual respondent to handle missing values
3. a medical group summary indicator is scored by calculating the mean of the respondent means
4. the medical group mean score is adjusted per the case mix adjustment steps described above
5. the summary indicator mean score is not rounded or truncated. – produce scores with at least 2 decimal places to support the application of the buffer zone rule below.

V. Grading

Apply the grade cutpoints listed in Table 3 to assign a medical group's grade for the summary indicator "Patients Rate Medical Group."

Table 3

PAS Survey Performance Cutpoints
85-100 excellent
80-84 good
73-79 fair
<73 poor

Buffer zone

Define a buffer zone of a half-point (0.5) span. Any medical group whose score is in the buffer zone that is 0.5 point below the grade cutpoint is assigned the next highest category grade. For example, a score of 79.5 would be assigned a grade of 'good' given good/fair cutpoint of 80; similarly a score of 72.4 would be assigned a grade of 'poor' given fair/poor cutpoint of 73 and in this example the score is more than 0.5 below the grade cutpoint.

A composite result is not publicly reported if the group-specific reliability for the composite is less than 0.70. A minimum survey response rate is not a criterion for public reporting.

Appendix A
Half Scale Scoring Method

The 2008 PAS analysis and scale construction uses **mean** scoring. The final 2008 results reflect composite scales constructed using a half-scale rule. At least half of the questions included in a composite had to have a valid response category value after data cleaning to calculate a composite score. If fewer than 50% of the questions in a composite were answered, a composite score was not calculated for that respondent and is represented as missing in the analytic data set.

The following steps describe the application of the half-scale rule to create composite measures. Individual measures were scored following Steps 1-2 below, in terms that convert the 3, 5, and 6 point response choices to a zero to 100 scale.

1) Convert the original item score to 0-100 score using the following formula
   Item Score = 100*(original item score- minimum possible item score)/(maximum possible item score- minimum possible item score)

   Where the original item score is the item response chose by survey respondent, and minimum (minimum) possible item score is the smallest (largest) value that item response is attainable.

2) Reverse all the items that are in negative direction (the lower, the better) to positive direction (the higher, the better) by taking
   Item score = 100 – item score
   This step will result in all the items in one scale to be in one positive direction.

3) Count the number of items completed for each individual <u>within each scale</u>, denote this by "nitems"

4) Calculate the average of items scores by adding up all the item scores completed and then divide by the result of step 3 "nitems", denotes the "scale_score".

5) Determine one half (½) of the total items within the scale. The ½ of the items within the scale is <u>the smallest integer</u> that equal or exceed one half of the total items in that scale. For example, if one composites scale has 6 items, ½ of items will be 3. If the composite scale has 7 items, ½ of scale will be 4.

6) Determine whether "nitems" is at least ½ of the total items within that scale. If "nitems" is greater or equal to (≥) one half of the items in the scale, the resulting scale score for that individual will be the result from step 4 "scale_score". If "nitems" is less than (<) one half of items in the scale, the "scale_score will be reset to missing for that individual.